

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS315AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2008
NAME OF PROVIDER OR SUPPLIER NEW HORIZON REST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 700 ALHAMBRA DR. LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the state licensure survey conducted at your facility on 7/24/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed as a Residential Facility for Groups which provides care to elderly or disabled persons, persons with Chronic Illnesses and persons with Mental Illness, Category II residents.</p> <p>The census at the time of the survey was nine. Nine resident files were reviewed and two employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=C	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents were received annually by 1 of 2 employees (#2). Findings include: Employee #2's (hire date 4/7/07) file did not contain documented evidence of eight hours of annual caregiver training. Severity: 1 Scope: 3	Y 070		
Y 103 SS=C	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure that 1 of 2 employees had received Tuberculin screening in accordance with NAC 441A (#2). Findings include: Employee #2's file (hire date 4/7/07) did not	Y 103		

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Y 103	Continued From page 2 contain documentation of a valid initial two-step Tuberculin screening, or an annual one-step Tuberculin screening.	Y 103		
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation the administrator of the facility failed to ensure that the premises were clean and the interior of the facility was well maintained. Findings include: The bathtub in the hall bathroom exhibited dark grout between tiles and chipping of the tub and tiles. There were several brown spots on the ceiling in this bathroom. The bathtub/shower in the second bathroom had chipped tiles with a white substance on the face of some of the tiles . The walls in the bathrooms and hallways were chipped and needed painting.	Y 178		
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection	Y 435		

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Y 435	Continued From page 3 NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation the facility failed to ensure that 2 of 2 fire extinguishers were inspected annually. Findings include: Both facility fire extinguisher's inspection tags were dated 7/13/06. Severity: 1 Scope: 3	Y 435		
Y 444 SS=D	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation the facility failed to maintain one smoke detector in proper working order. Findings include: The smoke detector in the southwest bedroom (#2) failed to alarm when tested.	Y 444		

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Y 444	Continued From page 4 Severity: 2 Scope: 1	Y 444			

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